

216189  
214190

**CERTIFICATED COMPANY INFORMATION**

Company Name: ComTech2 LLC. FEIN/SSN: [REDACTED]

Dbal/ka: one Barnes Park South Telephone #: 203-679-7000

Mailing Address: Wallingford CT 06492

City, State, Zip Code: same as mailing

Business Location: New Haven

City, State, Zip Code: [REDACTED] County: [REDACTED] COPY: [REDACTED]

**REGISTERED AGENT INFORMATION**

Registered Agent: TCS corporate services Posted: led

Mailing Address: [REDACTED] Dept: S.A. / OES

City, State, Zip Code: [REDACTED] Date: 4/8/09

Time: 1:00

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- manager
- A. **General Manager** (Include Address if different than above)  
Richard Minerwind / 1esposito@Profitecinc.com  
 Telephone Number / Facsimile Number / E-mail Address  
203-679-7000 203-679-7387
- B. **Customer Relations/Complaints Representative** (Include Address if different than above)  
Laura Matosian / 877-312-5564  
 Telephone Number / Facsimile Number / E-mail Address  
lmatosian@comtech2.com
- C1. **Customer Relations/Complaints Representative for Escalated Complaints** (Include Address if different than above)  
Matt Mosnowski  
 Telephone Number / Facsimile Number / E-mail Address  
203-679-5122 mosnowski@comtech2.com
- C2. **Customer Contact** (Toll Free Number)  
877-312-5564 877-312-5544
- D. **Engineering Operations** (Include Address if different than above)  
 Telephone Number / Facsimile Number / E-mail Address

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PSC SC  
DOCKETING DEPT.

E. **Test and Repair** (Include Address if different than above)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

F. **Emergencies** (During Non-Office Hours)  
847-312-5564 / Tboylan@comtech21.com  
Telephone Number / Facsimile Number / E-mail Address

**In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:**

G. **Regulatory Officer** (Include Address if different than above)  
Laura Matosian - UP Operations  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

H. **Dual Party Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

I. **Interim LEC Fund Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

J. **Universal Service Fund Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

K. **Gross Receipts Mailings** (Name)  
\_\_\_\_\_  
(Mailing Address)  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone Number / Facsimile Number / E-mail Address

Michael Brady

This form was completed by

EUP

Title

Signature

Date

4-1-09

RETURN COMPLETED FORM TO:

Public Service Commission of SC  
Docketing Department  
Post Office Drawer 11649  
Columbia, South Carolina 29211

And

Office of Regulatory Staff  
Attn: Jeanne Gordon  
1401 Main Street, Suite 900  
Columbia, South Carolina 29201